

**Training Evaluation**  
**PERSONAL UNIQUE IDENTIFIER**

**Do not write your names on any part of these feedback forms.**  
Forms containing names will be unusable because of violations of anonymity.

To create your unique identifier, please fill in the following spaces with the requested information:

What are the first two letters of your mother's maiden name?		
What are the last two digits of the year you graduated high school or finished a GED?		
How many siblings do you have?		
What is the day portion of your date of birth? For example: February 1, 1980= 01		

**Please record these two letters and six digits at the top of each evaluation form.**

This identifier will be used with your permission, to match the current training evaluation data you provide with any future evaluation information you voluntarily share with us when you are contacted for follow-up.

**Thank you**

**State Court Administrative Office, Child Welfare  
EVALUATION FORM**

**Interstate Compact Webcast**

**Thursday, May 28, 2009**

**At the end of the webcast, please complete the following evaluation and either mail or fax it to the address below.**

*For the following questions, check the box that best describes your thoughts:*

<b>1. Overall Content of the Training</b>		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="checkbox"/>	Presented information new to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/>	The examples and activities in the presentation will help me apply the knowledge and/or skills in my job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/>	Presentation style and format supported my learning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/>	The participant materials (video, handouts, workbooks, etc) enhanced my knowledge and/or skills.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>2. The Roles and Responsibilities of the Interstate Compact Office</b>		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<i>Ted Forrest</i>		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="checkbox"/>	Presented information new to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/>	I will use information from this presentation in my practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/>	Presentation style and format supported my learning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>3. Navigating the Interstate Compact on the Placement of Children: Advocacy Tips for Child Welfare Attorneys</b>		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<i>Vivek Sankaran</i>		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="checkbox"/>	Presented information new to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/>	I will use information from this presentation in my practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/>	Presentation style and format supported my learning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. What information was of most value to you?

6. What (if any) information was of least value to you?

7. What information or ideas presented in this training do you think you will readily implement of use in your job?

8. Did you find task presentation/Q&A helpful? If not, please explain how we could have facilitated that better.

9. What is your primary role: (check one)

☐ Judge/Referee      ☐ Other attorney      ☐ CASA or Foster Care Review Board

☐ L-GAL/appointed counsel for parent

☐ Child welfare caseworker (CPS, foster care, or adoption)

☐ Other: please specify: \_\_\_\_\_

10. How many years have you been in your current role? \_\_\_\_\_

11. Your gender: (Response optional)

☐ Female      ☐ Male

12. How do you identify yourself? (Response optional)

☐ Native American      ☐ Caucasian/White

☐ Asian Pacific Islander      ☐ Arab American

☐ Hispanic/Latino/a      ☐ Other, please specify: \_\_\_\_\_

☐ African American/Black

13. County/counties or tribe of practice: \_\_\_\_\_

***THANK YOU***

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